

2015 FOOD SAFETY TRAINING



The Food Safety Program of the City of Cincinnati Health Department offers workshops on food safety. Each class is designed to promote proper food handling procedures to prevent foodborne illness.

PERSON-IN-CHARGE (PIC)

The Ohio Uniform Food Safety Code requires that all food facilities have a person in charge (PIC) working at the operation at all times. To be a PIC, an employee should understand food safety procedures that relate to the operation. This class will cover food safety principles necessary to be a PIC.

LOCATION: 1081 Woodrow Av. – Cincinnati, Ohio 45204
Metropolitan Sewer District - Administration Building – Conference Room 106
Unless otherwise specified

COST: \$25.00 per participant

Length of Training: 3-hours course (times vary)

February 10 (Tuesday) 9:30 a.m. – 12:30 p.m.	May 14 (Thursday) 9:30 a.m. – 12:30 p.m.	September 9 (Wednesday) 1:00 p.m. – 4:00 p.m.
March 12 (Thursday) 9:30 a.m. – 12:30 p.m.	June 25 (Thursday) 9:30 a.m. – 12:30 p.m.	October 13 (Tuesday) 9:30 a.m. – 12:30 p.m.
April 22 (Wednesday) 1:00 p.m. – 4:00 p.m.	August 4 (Tuesday) CONFERENCE RM 105 9:30 a.m. – 12:30 p.m.	November 17 (Tuesday) 9:30 a.m. – 12:30 p.m.

SERVSAFE® MANAGER'S CERTIFICATION COURSE

This course is a detailed study of food safety procedures and prevention of foodborne illnesses. Developed by The National Restaurant Association, this HACCP-based course gives participants national, state and local recognition as certified in food safety.

LOCATION: 1081 Woodrow Av. – Cincinnati, Ohio 45204
Metropolitan Sewer District - Administration Building – Conference Room 105

COST: \$145.00 per participant

Length of Training: 2-day course (8 a.m. – 5 p.m.)

February 17 & 18 (Tuesday & Wednesday)	August 12 & 13 (Wednesday & Thursday)
April 14 & 15 (Tuesday & Wednesday)	September 15 & 16 (Tuesday & Wednesday)
May 19 & 20 (Tuesday & Wednesday)	November 4 & 5 (Wednesday & Thursday)
June 17 & 18 (Wednesday & Thursday)	December 8 & 9 (Tuesday & Wednesday)

Please register using Page 2 for course selection and other details. Thank you.

[PLEASE PRINT]

Participant Name: _____
Please submit a registration form for each participant.

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

Email: _____

COURSE TYPE **Person-in-Charge / ServSafe** **DATE SELECTION:** _____
(Circle Course Type)

List any past Food Safety Courses or Certifications: _____

Years of Food Handling Experience: _____

Language barriers: (specify) _____

Please make check/money order payable to: **Treasurer, City of Cincinnati**
(No Cash or Credit Card payments accepted at this time.)

The registration fee must be received 10 days before the class date – the fee is non-refundable.

Mail this registration form with the course date selection and payment to:

Cincinnati Health Department
Attn: ServSafe / PIC Training Coordinator
3845 William P. Dooley By-Pass
Cincinnati, Ohio 45223

(513) 564-1791

(Please maintain a copy of this form for your records.)

FOR INTERNAL USE ONLY

Payment Processed _____

ServSafe Course Book: mailed / picked-up / hand-delivered